2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# N05000001784

Entity Name: FRIENDS OF TROOP 840, INC.

Current Principal Place of Business:

4325 SW BROOKSIDE DR.
PALM CITY, FL 34990

New Principal Place of Business:

PO BOX 1393
PALM CITY, FL 34991

Current Mailing Address:

4325 SW BROOKSIDE DR.
PALM CITY, FL 34990

New Mailing Address:

PO BOX 1393
PALM CITY, FL 34991

FEI Number: 20-3726066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAVARGNA, CARRIE
401 E. OSCEOLA ST., LOWER LEVEL
STUART, FL 34994 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARRIE LAVARGNA

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D ( ) Change (X) Addition
Name: GORDON, JOHN
Address: PO BOX 1393
City-St-Zip: PALM CITY, FL 34991

Title: S ( ) Change (X) Addition
Name: LAVARGNA, CARRIE
Address: PO BOX 1393
City-St-Zip: PALM CITY, FL 34991

Title: D ( ) Change (X) Addition
Name: NORWILLO, ROBERT
Address: 9122 SE DUNCAN STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Change (X) Addition
Name: COLONA, DAVID
Address: 11565 SW MEADOWLARK CIRCLE
City-St-Zip: STUART, FL 34997

Title: D ( ) Change (X) Addition
Name: TOLVE, KENNETH
Address: 5101 SE STERLING CIRCLE
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE LAVARGNA SEC 10/06/2006

Electronic Signature of Signing Officer or Director — Date